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ABSTRACT

This publication presents the text of a speech on nursing, stressing current trends and changes in the role of nursing and therefore in nursing education. Beginning by recalling the reasons many entered nursing in the past and the expectations of those workers, going on to look at the many issues of accountability that accompany the health professions in general and the nursing profession in particular, the speech then addresses the current issues facing the profession. These include recent salary levels, a late 1980s trend in professional nursing associations to "market" the profession more vigorously, and the recession and its effects. In response to these recent trends, the speech calls for nursing education to take place in institutions that are part of the higher education system so that nursing preparation will require an associate or baccalaureate degree and so that all nurses learn management skills. In conclusion lessons from the past are noted including a warning against the tendency to reorganize to handle problems rather than organizing to create an ideal vision. In addition, the speaker admonishes opposing groups to accept compromise and to work together to make decisions and take risks. Included are five references. (JB)

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CHOOSING PATHWAYS TO NURSING EDUCATION

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For many the decision to become a nurse was easy and the chosen profession was a most respectable one. We had grown up in neighborhoods that molded us to work, and had families that instilled the values of education, service, respectability, and the need to render service. Regardless of our heritage and the advantages and disadvantages that were present for all of us, we were part of a community of caring individuals and families, with family-like structures and places of learning that built character and acted as moral agents.

Here we are today. Do we like what we are doing? Have become? Are working toward? Have we treated ourselves well thus far? Does society like what we are doing? Have become? Are working toward? Well, as in all of society, the demands for accountability represent a major force in America today. Public dissatisfaction with products and the performance of products has been apparent in industry, health, business, and education.

The emphasis on performance standards, values, and quality indicates that knowledge alone is inadequate. It is clear that those experiences, relationships, and ethical concerns, which are common to all of us by virtue of our membership in the human family, form the foundation for change. These same concerns are visible in nursing education and practice. Employers have made clear that they want graduates with distinctly identified practice behaviors based on a sound and realistic educational process, not just the promise of performance.

Accountability is also measured by the ethical and legal questions raised when allowing student nurses to practice on clients. Demands on faculty are great for the safe and adequate preparedness of student nurses in client care situations. Faculty are almost continuously examining curricula and revising and improving appraisal procedures to assure the contemporary nature of what they teach. As Beverly Malone said at the October 1991 Annual Meeting of the Southern Council on Collegiate Education for Nursing, we work, work, work.

These are but a few examples of our internal world and our internal environment. But, what is it that potential applicants see as nursing? In today's world, 1992, they see jobs. They see work. They see respectability. They see mobility (endorsement makes this relatively easy) and, not least, they see salaries. For example, the September 1991 issue of the "American Journal of Nursing" reported that San Francisco's claim to the nation's highest starting salaries is, indeed, true--thanks to the California Nurses' Association,

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which negotiated a 13 percent increase that elevates the rate for new graduates to $43,120 at several hospitals. A 9 percent raise will follow in 1992. Experience was also rewarded; staff nurses with five years on the job, as of September 1991, earned $49,670, and would earn $53,643 in 1992.

Yes, there are jobs, decent salaries, and reasonable benefits. And the belief exists that there will always be "work," "jobs," and "sick people"! People are saying with conviction, "Why not choose nursing! After all, I've worked before. I can get up in the morning and perform. I need to work. I like the possibility of advancement. I need benefits for myself and my family."

Let us now move back to 1987, when we decided that we needed to market ourselves--nurses and nursing. Marketing was the topic of conversation in nursing and, more frequently, referred to promoting nursing services and products. This required a long-range perspective and a well-defined plan. Through our national organizations, we put forth a national marketing plan to improve the image of nursing and to enlarge and strengthen our pool of applicants. In these plans, we noted the diversity among nurses and our workplaces. Also featured was the result of quality care, and the significant use of contemporary technology. Clues that our economy would change so drastically and that so many individuals with previous work experience and earned degrees would be catapulted into the unemployment market or would seek second careers were **not** envisioned.

Through our marketing efforts, nurses began to act like the "achievers" we are. We told people about jobs and projects. We talked about our good works and ideas. But, talking about our good works and ideas is hardly new. Gilbert (of Gilbert and Sullivan) even wrote about it: "Toot your own trumpet or, brother, you haven't a chance."

New knowledge has forced us to revise our concept of ourselves and our world of nursing. Those seeking to enter nursing today envision it differently and choose it as a career for many reasons. The roles and responsibilities of health personnel are undergoing dramatic change. Nurses long ago acknowledged that experience is no longer a substitute for knowledge and learning; nor, can learning be achieved by just living. We have a concept of nursing as a profession. The traditional identification of nursing as "doing" has been replaced by an understanding of nursing as a body of knowledge, unique in its aggregate, the application of which represents the practice of nursing. Somehow we must help this "new cadre" of applicants view nursing as a profession--not solely as "training" for a job.

Who decides what is needed in health care workers? *The user--meaning the employer and those who receive care (you, me, our families, and the public).*

What do we want? *As much as possible for as little as possible. We want quality, prepared people to give safe care, and wellness as a result of that care.*

This I believe about what our next step must be.

> **All** of nursing education should take place in institutions that are part of our higher education system. With this belief in place, we will then have:
>
> - The preparation of nurses (from novice to nurse) with the basics (that which all nurses must know) will require an associate or a baccalaureate degree.
>
> - The preparation of nurses who can manage others as they give care, not simply provide care for small groups of clients, will require that they have, or be working toward, earning a baccalaureate degree in nursing.

Both levels of preparation will then prepare a cadre of direct caregivers who can administer care wherever it is needed. Some will lead others in the planning and administration of that care. Our public deserves and needs the best caregivers we can provide because our health care system has become more complex and the demand for thinking, well-grounded caregivers is essential.

Just remember:

Yesterday is a canceled check;

Tomorrow is a promissory note;

Today is cash in hand--and we must spend it wisely.

These ideas are not new. But, we need to seize the opportunity to develop the competencies and educational pathways for the nurses who will be needed in the 21st Century. We have the experience and knowledge to do this. We have endured the conflict; we now seek enlightenment. Now we must act! This means having a vision and an agenda, even if it is a controversial one. The better visions probably are controversial because they target the problems we have tip-toed around and involve areas that are diverse, polarized, and confusing. Indeed, in many cases, an agenda includes just bringing out into the open problems of the community--problems that for political or polite reasons no one else will voice. We must seek the social space and pace, and the structures to convert into action the turbulence that such visions often create.

Yesterday, we heard that levels will "fall out." Well, they will--but when and how? To what extent? Planned or unplanned? We decide. Are such ventures easy? Not in the least. They are intensive labors of effort. There may be general ambiguity about the best approach on how to meet the very complex needs, egos, personalities, and other priorities that always get in the way. But, oddly enough, what makes visions like these work is that no one knows the real answers. We arrive at them together.

To conclude, let me share some lessons we have learned during our vast experiences in nursing education and practice.

- I warn against our tendency to "re-organize" to handle a problem. Organizational structures--no matter how good we make them--will only distribute our work. "Re-organizing" doesn't build vision. It doesn't harness energy. And "re-organizing" puts the problem in a box, and it puts the people who could solve the problem in the box. The process of doing difficult work together never happens, and the vision will never prevail in the end. We must organize to create the ideal vision.

- Where there are two or more camps that constantly line up on opposite sides, we are not ready to work with society/for society. Camps need to be heard, but, once heard, it is important to move about the business of getting everyone on a shared task. Not everything that is proposed is usable, nor should it be used. **Decisions must be made. Risks must be taken.** Reverence for decisions of the past can become the stumbling blocks that impede progress.

What is written and spoken, discussed and debated, aspired to, and planned for is often far more intricate in execution than in conception. The world in which we live is dynamic. It is inevitable that institutions and individuals evolve as they are moved by the forces of life. A vision is the stimulus for the future. It is not the future itself, nor even a picture of it. We must be ready to make the real and needed alternations in how and where we prepare nurses. But, are we ready to move forward and take the necessary risks? I think we are!

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